

M I N N E S O T A

Board of Dentistry • Updates

"To ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals"

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LEGISLATIVE WATCH: Issues with Potential Impact on Regulation of Dentistry in Minnesota

The 2003 legislative session is filled with proposals that may affect the Board's responsibilities. The following provides a summary of some of the issues that we are keeping an eye on (HF refers to the House file number; SF refers to the Senate file)...

- **SF821/HF904 Governor's Budget Proposal:** Eliminates the Board's reserves in the Special Revenue Fund (monies that had been paid to the Board by licensees and registrants for Board operations will be transferred to the state's General Fund). The budget proposal also reduces spending for the Board, which will impact the services the Board is able to provide.
- **SF127/HF1044 Cost Recovery Bill:** Allows Boards to recover investigative and legal costs from licensees when violations of the Practice Act are demonstrated, and authorizes Boards to levy civil penalties (fines) as a possible remedy to violations.
- **SF134/HF212 Advisory Committees:** Extends committees and programs, including the Health Professionals Services Program (HPSP) through 2007.
- **SF179/HF105 Denturists:** Establishes denturists as a licensed profession in Minnesota.
- **SF141/HF953 Licensure of Dental Assistants:** regulates dental assistants as licensed professionals, rather than registered.
- **SF357/HF326 Miscellaneous Dental:** Moves the Donated Dental Services program to the Department of Human Services; establishes two levels of faculty licensure, one of which allows for intramural or extramural practice when an appointment involves >50% time in research and/or teaching; allows volunteer and retired dentists to practice in limited settings with no (Senate) or specific (House) continuing education requirements; allows waiver of clinical exams to be considered for dentists completing a 1-year residency; expands services and locations available for practice under collaborative agreements; and creates in statute restorative functions allowable for assistants and hygienists to perform.
- **SF1377/HF1487 Specialists & Malpractice:** Clarifies the ability of the Board to grant specialty licenses to dentists; also establishes requirement that dental professionals maintain minimum levels of malpractice insurance coverage.

The above referenced bills are currently proposals that are at various stages of the legislative process. None of the bills are presently law. If and when changes are made to Minnesota Statutes or Rules affecting the regulation of dental practice, licensees and registrants will be informed.

MESSAGE FROM THE PRESIDENT

Freeman Rosenblum D.D.S., M.S.D.



When I was first appointed to the Minnesota Board of Dentistry over six years ago, debate rarely involved legislative issues. Currently, however, several bills relating to dentistry have been cause for discussion. The major thrust for this increased activity is due to the looming access problem for providing dental care to that sector of the population that is presently being underserved.

Among the driving forces on this issue are the various dental organizations such as the Minnesota Association of Community Dentists (MACD) and the DHS Access Committee. I commend them for their hard work and diligence in addressing this major problem. When I travel throughout the Midwest as part of the CRDTS examiners group, I have not heard the same type of concerns or issues being discussed by other state boards, although similar problems exist in these neighboring states. Minnesota is receiving a lot of attention throughout the country on the various bills proposed to deal with access issues.

This Board has attempted to streamline some of the present regulations dealing with faculty and specialty licensure. Specialty groups and other interested parties were asked to give their input into making it easier to obtain specialty licensure. In addition, the ADA and the AADE have recommended a number of changes for all states to consider on this subject. There was consensus among all of the above interested parties and a bill has been introduced. Changes to faculty licensure were a joint effort of the Board of Dentistry and the University of Minnesota, and proposed language was integrated into other dental bills.

The allied dental professionals worked very hard in their association and education committees to bring new expanded duties to the Board. It is believed that with these added responsibilities, there would be greater productivity in the dental setting and particularly benefit areas of the State where access is most significant. A revised collaborative agreement for services provided by dental hygienists has been proposed to allow application of sealants, expanded approved sites for providing services, and clarification of requirements for participating in a collaborative agreement. The Board fully supports all the changes. The Board strongly supports licensure of dental assistants (versus registration). The existing and new expanded duties put assistants in a position that licensure would be a more appropriate designation.

A few years ago legislation passed that required the Board not to impede internationally trained dentists from eligibility for the CRDTS examination, and ultimately obtaining Minnesota

licensure. Thus far, we have reviewed close to two hundred applications and believe over the next year there should be at least a dozen new internationally trained practitioners in this state to care for Minnesota citizens.

A proposal to create a special licensure status for volunteer and retired dentists has generated a great deal of discussion regarding the need for continuing education for these dentists. The major debate centered on the Board's position that these individuals need to keep up with their CE requirements. In the face of strong opposition that this would discourage retired dentists from participating, yet still concerned about protecting the public, the Board has compromised on its position. These dentists will be treating many patients who are medically compromised and need to be current in dealing with them. The Board, therefore, supports volunteer status with additional education dealing with medical management of patients, CPR, and current CDC (infection control) guidelines.

This year a number of boards are jointly presenting legislation addressing cost recovery. The Board of Dentistry has had several contested cases that each cost several hundred thousand dollars. We believe that if the Board has a favorable decision from the administrative law judge, we should be able to recover investigative, attorney, and court costs. To proceed otherwise places an undue burden (i.e., fee increases) on the other licensees who have been practicing in accordance with State laws and rules. The Board also introduced legislation that mandates that all dentists carry malpractice insurance for the protection of the public.

The interaction between the Board of Dentistry, MDA, MDHA, MDHEA, MDAA, MEDA, DHS, the University of Minnesota, MACD and other groups has at times been both challenging and rewarding. All of these organizations have the same goal to provide better access for dental care in a safe setting for the public. We should not provide substandard treatment to people with access problems. High tech fixed restorations are not a viable option; however, providing basic periodontic and endodontic care along with restoration of carious teeth for children and adults should be part of any treatment plan for the indigent. Extractions are also often indicated along with removable prosthesis and space maintainers.

The Minnesota Board of Dentistry is working very hard to see that our concerns are well thought out and heard by policy makers. Getting heard is a difficult task as we do not have lobbyists, and the work load for the Board's primary functions (licensing, continued competence, and complaint resolution) is escalating. It would be my hope that all of the dental community, including the educators, associations, and this Board will resolve their differences through discussion and compromise prior to presenting legislation. In the end, the public and this wonderful profession will be able to move forward in providing good dental care to all of our citizens.

A handwritten signature of Freeman Rosenblum, D.D.S., M.S.D.

The Dental Access Advisory Committee

Minnesota makes available some of the most comprehensive health care coverage in the nation to its low- and moderate-income citizens through three public programs: Medical Assistance (a state and federally funded program), General Assistance Medical Care (a state funded program for medically indigent persons), and MinnesotaCare (a state funded program with limited federal participation that serves low income working families). Despite the coverage of these programs, many beneficiaries who seek dental care often find that no dentist in their community will see them. The unfortunate consequence is poor oral health and its ramifications.

The reasons behind this problem are many and complex. The Wilder Research Center conducted an extensive survey of the state's dental providers in 2000. Findings indicate dentists' primary concern with participation in public programs is low payment rates, followed by broken appointments, managed care contracts and administrative burdens.

The State's severe budget problem portends little relief from the low payment rates that are losing the race to escalating charges. From a patient's perspective, many low income persons have no "dental homes" and people with disabilities find that few dentists in their communities are trained or willing to provide care to persons with special needs. The state's growing immigrant population poses additional challenges to prevention and care.

The Minnesota Department of Human Services (DHS) presented a report on dental access to the legislature in 2001, culminating 18 months of effort by DHS and a group of stakeholders (including representation from the Board). The report contained an analysis of the problems faced by those who rely on the state's public programs in obtaining dental care and offered a wide-ranging set of recommendations. DHS subsequently convened a Dental Access Advisory Committee in January 2002. Twenty-nine committee members were appointed by the DHS Commissioner, including general dentists, an oral surgeon, a pediatric dentist, dental hygienists, dentists working in community clinics, client advocates, a pediatrician, a public health nurse, the State Dental Coordinator, and representatives of the state's health plans, the University of Minnesota School of Dentistry, the Minnesota Department of Health Office of Rural Health and Primary Care, and the Board of Dentistry. The Committee organized itself into four work groups: Workforce, Patient Issues, Purchasing/New Practice Models, and Data/Evaluation.

The **Workforce** group considered several strategies to increase access within five broad areas, and suggested that two strategies holding the most promise were to (1) make the collaborative agreement legislation more useful and effective and (2) expand the duties of dental auxiliaries.

The **Patient Issues** group focused on developing strategies to deal with patient appointment failures, provide education on preventive techniques, and increase patient compliance with an oral health regimen. The group explored various approaches to enhance success, including appointment reminders, incentive payments for compliance, and enlisting the assistance of county public health nurses. They also identified strategies to promote fluoride varnish application by dentists, hygienists, dental assistants, and those who provide medical care to young children (pediatricians, family practice physicians, and nurse practitioners).

The **Purchasing/Alternative Practice Models** group focused on two areas: purchasing mechanisms (independent of payment rates), and alternative ways of delivering care to the Minnesota Health Care Programs (MHCP) population. The group examined simplification of the DHS purchasing strategy and implications of using a single administrator for dental claims. The group also identified ways of making the system more "provider friendly" through reducing administrative burdens, and explored opportunities to use tax incentives as a means of improving provider participation. They endorsed the concept of a metro urgent care dental clinic, and supported the potential of mobile dentistry and teledentistry as strategies to improve MHCP dental access.

The **Data/Evaluation** group recommended measures to evaluate the effects of several new state statutes on dental access. The group drafted outcome measures and discussion questions for many of the initiatives, and noted that it would take several years before measurable effectiveness can be determined.

The Dental Access Advisory Committee has proven to be an invaluable resource to DHS and to the individuals and groups participating in the discussions. This diverse group of participants with a shared concern for dental access for public health care program recipients has assessed this complex problem and developed potentially effective strategies. The commitment of all dental and other health professionals throughout the state is essential to successfully improving access.

(Thanks to Tom Fields of DHS for his contributions to this article and his work on the Committee)

DENTAL BOARD STAFF SURVEY FEEDBACK

by Marguerite Rheinberger, JD, MPH, MA

The Board has decided to conduct periodic surveys to elicit feedback from dental professionals in our state about certain areas of concern to the Board. This feedback will assist the Board in making future decisions. This survey was designed to obtain feedback about licensee/registrant experience with the staff of the Minnesota Board of Dentistry.

The survey was sent to approximately 12,000 licensees and registrants, with a response rate of 1,861(15%). Of those who did respond, many stated that they had not had direct staff contact and, therefore, did not answer the survey questions. The most common reasons stated for contacting the Board were for purposes of continuing education, renewals, change of address requests, initial licensure inquiries, complaints and compliance, and policy inquiries including ones on HIPAA regulations. Be assured that all responses, including suggestions for improvement, will be reviewed by Board members, staff, and the Executive Director.

The following are the results of the survey:

Ease of contacting staff via phone, e-mail, etc.:

| Satisfactory | Needs Improvement | Not Applicable |
|--------------|-------------------|----------------|
| 64% (1,192) | 3% (51) | 26% (488) |

Helpfulness of staff:

| Satisfactory | Needs Improvement | Not Applicable |
|--------------|-------------------|----------------|
| 61% (1,138) | 2% (45) | 29% (549) |

Timeliness in receiving requested information from staff:

| Satisfactory | Needs Improvement | Not Applicable |
|--------------|-------------------|----------------|
| 57% (1,061) | 5% (90) | 29% (544) |

Ease of license/registration renewal:

| Satisfactory | Needs Improvement | Not Applicable |
|--------------|-------------------|----------------|
| 86% (1,602) | 5% (102) | 4% (73) |

Usefulness of the Board's formal methods of communication with you including its newsletter, Web site, and/or Board-sponsored presentations at professional association meetings:

| Satisfactory | Needs Improvement | Not Applicable |
|--------------|-------------------|----------------|
| 86% (1,597) | 2% (41) | 5% (95) |

The following is a synopsis of some of the many suggestions that were provided to improve upon the aspects evaluated above.

Suggestions for Improving Access to Staff:

- Provide a toll free number in addition to the one currently provided for the hearing impaired.
- Provide a directory on the general voicemail system of staff members, including their phone numbers and e-mail addresses, who can be contacted for specific areas of inquiries.
- Make a timely call/write an e-mail back to a person to at least inform him/her that the inquiry has been received by the appropriate staff member and is currently being looked into.
- Allow on-line requests to change an address.

Suggestions for Improving the Continuing Education Requirement:

- Allow access to view/update CE credits on-line.
- Return to keeping track of all CE credits, not just the minimally required amount. [Some respondents wrote they would be willing to pay more for this service.]
- Provide on-line request for CE cards.

Suggestions for Improving the Renewal Process:

- Provide on-line renewal requests with the ability to pay by credit card.
- Send renewal certificates no later than early December so we have a chance to resend a renewal form and fee, which may have been lost, and therefore avoid a late penalty.
- Have a two-year license renewal period.
- Change the deadline for renewal to a less busy time of year, e.g., by January 31 or provide a grace period.

Suggestions for Improving External Communications:

- Use Web site to provide detailed HIPAA regulation information and to update information provided in the newsletters.
- Provide frequent updates on or links to legislative initiatives in both the newsletter and on the Web site.
- Provide more information on Board-sponsored presentations.
- Provide more newsletter articles on how to prevent common complaints that the Board receives.

Thank you for your very insightful feedback, both positive and negative, as well as for your excellent suggestions on improvement. To view a more complete synopsis of this survey check our Web site (www.dentalboard.state.mn.us) or contact the Board for a written copy.

CONTINUING EDUCATION UPDATE:

The Minnesota Board of Dentistry, as a courtesy to our licensed and regulated individuals, has annually provided a continuing education transcript. The purpose of the transcript is to give the professional an opportunity to view the education the Board has received and granted credit.

Due to the severe budget deficit the State is facing, the Board of Dentistry will no longer be able to provide this service. We encourage dental professionals to maintain all documentation of their education in a portfolio and feel free to contact the Board if you have specific questions.

NEED FOR INTERPRETERS, PART II

A continuation of the article on the use of interpreters will be published in the summer issue of *Updates*. The article will follow up with the issues related to informed consent when the patient and the provider are unable to communicate due to language barriers. Specifically, the upcoming article will address how to arrange for an interpreter, and who pays for the service.

REQUIREMENTS FOR TRAINING IN CARDIAC LIFE SUPPORT

Board staff recently completed the license and registration annual renewal process for nearly 14,000 dentists, hygienists, and dental assistants. The renewal form requires all licensed and registered dental professionals to indicate whether CPR certification is current. Surprisingly, a number of dentists who have registered with the Board as meeting the educational requirements for administration of pharmacological agents for anesthesia and sedation (general anesthesia, conscious sedation and/or nitrous oxide) indicated on their renewal form that their CPR certification is *not* current.

We remind all dental professionals that the following Board Rules require maintaining current certification in cardiac life support as stated in Minn. Rule 3100.3600, Subps. 2, 3 & 4:

completing... an advanced cardiac life support course and, at least every two years, an advanced or basic cardiac life support course...

and Minn. Rule 3100.6300, Subp. 13:

CPR training. A minimum of one person who has completed... an advanced cardiac life support or basic cardiac life support educational program... must be present in the dental office when dental services are provided.

Please note that certification differs depending on the educational training program: the American Heart Association recertification is every 2 years; the American Red Cross is annual.

Keep certified, and keep the Board informed.

BOARD APPOINTMENTS: PROCESS AND ROLES

Minnesota's Board of Dentistry is comprised of nine members drawn from various backgrounds. Although at one time, and for a long time, the Board consisted entirely of dentists, more recent history allows for greater diversity of membership. The Board is made up of 5 dentists, 1 dental hygienist, 1 registered dental assistant, and 2 public/consumer members.

The Governor appoints each of the Board members to staggered 4 year terms. Typically, appointments are made from a pool of applicants who have been recommended by one of the professional associations, who have been solicited for application, or who apply independently. The Board and staff integrate the new members into their roles on an annual basis.

The role of the Board member is to draw from past experience, and apply that knowledge to the job of protecting the public. Members who are in a profession regulated by the Board often must switch gears from being involved in representing their professional associations to taking on the role of representing the public. Similarly, staff members who are dental professionals use their expertise as assistants and hygienists to help explain things to the public, to help interpret laws and rules, and to advise the Board in its work. The professional staff members and Board members do not, however, advocate on behalf of the professions. One role that the Board members do take on is a commitment to a lot of reading, meeting, and discussing related to meetings of the Board and its 13 committees.

The Board is currently awaiting an announcement from the Governor with regard to three Board positions. Dr. Lewis Pierce served the Board for two years, and has left to focus on his private practice and to pursue his passion for volunteerism. Dr. Ron King's first term has expired, and he has expressed a desire to be reappointed to a second term. Jerry McCoy, a public member only recently appointed to fill the remainder of the term vacated by Julia Heubner, has indicated a willingness to be appointed to a full term. The Board greatly appreciates the willingness of these individuals and others to consider contributing as members of the Board of Dentistry.

DUPLICATE RECORD COSTS

"How much can I charge my patients to duplicate their records?" The Minnesota Department of Health has set a limit for duplication costs and has a web site to help you answer this question. Please see www.health.state.mn.us/divs/hpsc/dap/

ARTICLES FOR FUTURE NEWSLETTERS

If there is a topic that you would like to see addressed in future issues of the *Updates*, please let our staff know. The Board staff answers questions from licensees and the public on a daily basis. Concerns that you raise most likely affect others as well, and we would be happy to clarify matters affecting the regulation of dental practice in Minnesota.

DISCIPLINARY ACTIONS

Jack Hoppe, D.D.S.
Voluntary Surrender
Eyota, MN
12/13/2002

Lesli Kegler, D.H.
Conditional License
Mendota Heights, MN
12/13/2002

James E. Meyer, D.D.S.
Voluntary Surrender
White Bear Lake, MN
1/14/2003

Charles W. Smith, D.D.S.
Unconditional License
Rochester, MN
12/13/2002

Thomas Vukodinovich, D.D.S.
Unconditional License
St. Paul, MN
1/14/2003

Note: The full text of orders enacted since September 9, 2002, may now be viewed on the Board's web site. Go to dentalboard.state.mn.us, click on "Disciplinary Actions," and click on the highlighted order that you are interested in reviewing.

The Board will be considering additional cases at its June 13, 2003 meeting. The web site will be updated the following week.

Definition of Terms:

Conditional License – licensee may continue to practice but must meet specific conditions of Order.

Limited License – licensee may continue to practice but may not perform certain procedures specified in the Order.

Suspended License – licensee may not practice for a specified length of time or until certain conditions are met.

Unconditional license/registration – all terms of the Order have been met, the individual's license/registration is fully restored, and s/he may practice without special conditions or restrictions.

Voluntary Surrender – the individual can no longer practice, as they have agreed to surrender their license as a means to resolve the violations found in their practice by the Board.

UPCOMING BOARD AND COMMITTEE MEETINGS

| | | |
|-----------------------------------|--|-------------|
| Complaint Committee "B" | April 24, 2003, 8:00 a.m. | CLOSED |
| Policy Committee | April 29, 2003, 6:30 p.m. | OPEN |
| Complaint Committee "A" | May 9, 2003, 8:30 a.m. | CLOSED |
| Allied Dental Education Committee | May 20, 2003, 6:30 p.m. | OPEN |
| Policy Committee | May 21, 2003, 6:30 p.m. | OPEN |
| Complaint Committee "B" | May 22, 2003, 8:00 a.m. | CLOSED |
| Executive Committee | May 27, 2003, 6:30 p.m. | OPEN |
| Complaint Committee "B" | June 12, 2003, 8:00 a.m. | CLOSED |
| Board Meeting | June 13, 2003, 8:30 a.m. | OPEN |
| Public Board Meeting | June 13, 2003, 8:30 a.m. | OPEN |
| Executive Board Meeting | June 13, 2003, immediately follows public meeting | CLOSED |
| Joint Complaint Committee Meeting | June 13, 2003, immediately follows Executive meeting | OPEN |
| Complaint Committee "A" | June 20, 2003, 8:30 a.m. | CLOSED |
| Executive Committee | September 2, 2003, 6:30 p.m. | OPEN |
| Board Meeting | September 19, 2003, 8:30 a.m. | OPEN |

NOTE: The Board offices will be closed on Monday, May 26, 2003 for Memorial Day.

NOTICE OF TERMINATED LICENSES AND REGISTRATIONS

The following licenses and registrations were terminated on April 1, 2003, for failure to pay the annual renewal fee or failure to meet the five-year continuing education requirement. According to Minn. Rule 3100.1700, subp. 3b, "the expiration and termination will not be considered disciplinary action against the licensee or registrant." The Board has notified these people of their status. These people are not eligible to practice dentistry, dental hygiene, or registered dental assisting in Minnesota until their license or registration is reinstated. Because of the time lapse between termination and the publication of this newsletter, some individuals listed here may have already had their license or registration reinstated, in which case they are practicing legally. Please notify the Board if you feel that a name needs clarification or if you believe that any of those listed are practicing dentistry, dental hygiene, or registered dental assisting in Minnesota.

Dentists

Judson Hugh Anderson Jr
Jaspreet Arora
Warren Charles Black
William H Bouton
Eunhee Choi
Stephen Herbert Christensen
Clifford Wylie Cornelius
James J Eischen
Fred John Hammerly
Collis Johnson Jr
Thomas Arthur Lansing
Melinda Jan Larsen
Corinne Eleanor Miller
Eugene Allen Moll
Daniel Lauren Morin
Craig Alan Myrmel
Frank Ruiz Olivas
Vishruti Mahendra Patel
Douglas Victor Petersen
Dwight L Radeke
Karina Redko
David D Semrau
Todd A Sneesby
Joshua James Spiegl
Thomas F Styrlund
Deborah Elizabeth Uher
Richard P West
Thomas Leonard Wilhelms
Norman Lyle Wolseth
Jon Yoshio Yoshimura

Dental Hygienists

Kimberly H Adamsheck
Renee Lanore Anderson
Marilyn Margaret Arnold
Kathryn R Benson
Joan Bernick
Cindy Marie Carter
Jodi Jeanne Chartrand
Gail Susan Chernak
Patricia Dawn Clarke
Margaret Cotter
Linda Doyle
Jenna Leigh Dschaak
Kerri Lynn Fellman
Ellen Marie Gorman
Angela Marie Harnell-Herrera
Renee Kathleen Hogoboom
Alisha Marie Larson
Julie Kae Lehman
Stacy Lyrae Marohl
Krista Rae Mars
Sharen Ann Morrison
Anne Mary Nagel

Stacy Ann Opland
Heather Ann Peterson
Jeanette Laurie Prewitt-Jarnes
Elizabeth Massey Reddin
Geraldine Mary Reed
Kathleen Ann Reed
Kathleen Irene Root
Stacey A. Sell
Genevieve Trumm
Jill Ann Walker

Registered Dental Assistants

LaVonne Kay Aadland
Kimberly Jean Ackman
Shannon Marie Alinder
Joy Ellen Amlee
Kristine Lynn Anderson
Heidi Ann Arndt
Karen Louise Avelsgard
Catherine Lorraine Baldwin
Debra Ann Bennett
Kristin Lee Ann Berg
Jamie Lynn Bland
Gail Marie Blaschko
Katina Bonnick Byrd
Brenda Levette Brown
Amy Katherine Brush
Jamey W Centanni
Elizabeth Mae Christesen
Miriam A Cora
Lisa Ann Davis
Sheri Lee DeLambo
Kareen E Dodge
Mary Ann Eckenberg
Kelly Marie Enney
Denise Ann Enyi
Jill Kristine Falling
Sharon Elaine Fleming
Carol Ann Foley
Tonia Jenelle Fridfinson
Dana Michelle Friedrich
Susan Jean Geraghty
Susie L Graveline
Sacha M Gravley
Connie Marie Hall
Bonnie J Handke
Deanna Carol Hanson
Sherlyn Lee Hanson
Lucille Marie Hartel
Diane Adell Hatlen
Debbie Ann Hatzenbihler
Sheryl Marie Hawk
Angela Jo Head

Trayce Claudette Henderson
Kathleen Marie Herman
Antonia Elena Hernandez
Tammy Marie Hill
Carol Lynn Hoesley
Jennifer Leigh Holmes
Patricia Lynn Hoosline
Kari Ann Hourscht
Elizabeth Rae Huberty
Pennie Satrom Humphrey
Takida Jahari Jaco
Lori Ann Jacobs
Karen Marie James
Rita Marie Javens
Jennifer Lyn Jensen
Carol Lynn Johnson
Debra Lucille Johnson
Jenny Lynn Johnson
John David Jonas
Melissa Godec Jondreau
Jean I Jordet
Brooke Autumn Jorgensen
Melissa Kay Jorgenson
Paula Kay Kahnke
Michelle Marie Kalbler
Catherine Lynn Kassube
Christie Marie Keith
Jennifer Jean Kientop
Melanie Kay Kluck
Holly Marie Kozerski-Randolph
Suzanne Maureen Kunert
Kathy Jean Lange
Theresa Storck Langevin
Mary Elizabeth Leathers
Nhia Lee
Janet Marie Leerssen
Patricia Ann Lemke
Kathy Mae Lenzmeier
Dahn Janel Lermon
Lisa Marie Pavich
Heather Lynn Lewis
Lanora Carey Lindberg
Casandra Kym Lindell-Green
Mariah Eden Littler
Donna May Lord
Tonia Lynn Markovetz
Sonja Marie McClurg
Dana Marie McDonald
Amy Peggy Meister
Jean Marie Meyer
Tammy Jo Miller
Nancy E Mills
Diana Mae Mitchell

Melissa Dawn Moore
Erica Joy Nelson
Michelle Marie Nelson
Decorah Marie Thibodeau
Robin Lynn Neumann
Bobbie Jo O'Loughlin
Angela Margaret Olson-Condon
Susan Edna Osterberg
Cheri Lynn Patterson
Penny Lee Pearson
Carrie Lynn Peper
Lucinda Ann Peterson
Sally Ann Pietig
Laurie Marie Quist
Gina Marie Radeck
Riann Leigh Rave
Lisa Michelle Roemer
Jean M Roske
Thanh Tran Roth
Melissa Marjorie Rouse
Jennifer Ann Ryan
Jacqueline Elisa Scheibel
Michelle L. Schiefelbein
Azure Renee Schmidt
Kara Dawn Schroeder
Tami Sue Schroeder
Peggy Jean Schulz
Zahra Farah Shaie
Brett Edward Sindelir
Heather Marie Skogen
Lisa Marie Smith
Rita Marlene Smith
Renae Lynn Sommer
Betty Jane Sperry
Jaime Theresa Stoltz
Amy Marie Stroeing
Kristy Jo Svihel
Lisa Sue Svoboda
Karen Ann Taylor
Tarita Nicole Taylor
Pamela Jean Thibado
Kenneth Lee Thompson
Christina Marie Trkla
Melissa Ann Marie Varing
Jana Suzan Walstrom
Debbie Kay Walter
Jana Elaine Weiss
Karla Jean Weiss
Amanda Li Wiens
Melissa Rose Wilmes
Nichole Lynn Wishart
Peggy Frances Wittnebel
Jennifer Sue Wright
Tammy Lee Zollar

If you have a name or address change you must inform the Board in writing within 30 days of the change. Practicing dentists are required to have their primary practice address on record with the Board. All others may list a home address. Note: Your name and address are public information. Request for e-mail addresses: The Board would like to occasionally send information affecting licensure to dentists, hygienists and assistants via e-mail alerts. Please provide the Board with your e-mail address if you wish to receive these notices.

NAME AND/OR ADDRESS CHANGE

| | |
|--|-----------------------------------|
| Name (last, first, middle) | Former Name (if applicable) |
| Old Address | New Address(if applicable) |
| Street: _____ | Street: _____ |
| City/Town: _____ | City/Town: _____ |
| State: _____ | State: _____ |
| Zip Code: _____ | Zip Code: _____ |
| MN Dental License/Registration Number: | Daytime Phone Number: |
| Signature (Required): | Email Address: |
| | Effective Date: |



Please cut along dotted line and mail to Board office.



Board Members

Freeman Rosenblum, DDS, MSD, President (2006) St. Paul
 Marguerite Rheinberger, JD, MPH, MA,
 Consumer Member, Vice President (2004) Stillwater
 Linda Boyum, RDA, Secretary (2006) Minnetonka
 Nadene Bunge, DH (2005) Rochester
 Susan Gross, DDS, Past President (2005) St. Louis Park
 Ronald King, DDS (2003) St. Louis Park
 Gerald McCoy, Consumer Member, EdD (2003) Eden Prairie
 Annie Stone Thelen, DDS (2004) Cold Spring

Board Staff (612) 617-2250

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 Judith Bonnell Complaint Analyst
 Mary Dee Complaint Unit Supervisor
 Deborah Endly Compliance Officer
 Sheryl Herrick Office Manager
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